	S DISTRICT COURT FRICT OF NEW YORK	11 av. 358
V replaismr	Durgaposod	
100 hart	st youlces	
(In the space above enter	er the full name(s) of the plaintiff(s).)	
-against-		COMPLAINT FOR EMPLOYMENT DISCRIMINATION
Madells	sporting Goods.	Jury Trial: □ Yes □ No
2000 (4v	17 10 100 ANE	(check one)
(In the space above enterly you cannot fit the name provided, please write attach an additional she Typically, the company to the Equal Employment	er the full name(s) of the defendant(s). nes of all of the defendants in the space 'see attached" in the space above and net of paper with the full list of names. or organization named in your charge nt Opportunity Commission should be Addresses should not be included here.)	
This action is brou	ght for discrimination in employment	pursuant to: (check only those that apply)
	to 2000e-17 (race, color, gender, rel	ct court under Title VII, you must first obtain a
#		Act of 1967, as codified, 29 U.S.C. §§
		istrict court under the Age Discrimination in rge with the Equal Employment Opportunity
		990, as codified, 42 U.S.C. §§ 12112 -
		court under the Americans with Disabilities Act, Letter from the Equal Employment Opportunity
		N.Y. Exec. Law §§ 290 to 297 (age, exual orientation, military status, sex, teristics, marital status).
	disability, marital status, partnership	N.Y. City Admin. Code §§ 8-101 to creed, color, national origin, gender, status, sexual orientation, alienage,
	citizenship status).	DECEIVED

I.	Parties in this complaint:
A.	List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.
Plaintif	Street Address Joo harty off County, City Worken West Choots State & Zip Code My 10701 Telephone Number 914 - 378 -1509
B.	List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.
Defend	Street Address 495 1th Aug 135th + 100r County, City Ny 100 18 State & Zip Code 212 - 822-1000
C.	The address at which I sought employment or was employed by the defendant(s) is: Employer
II.	Statement of Claim: as briefly as possible the facts of your case, including relevant dates and events. Describe how you were as briefly as possible the facts of your case, including relevant dates and events. Vou should include facts
discrii to sup in the claims necess	minated against. If you are pursuing claims under other received of state states, you may wish to include further details such as the names of other persons involved events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related events giving rise to your claims in a separate paragraph. Attach additional sheets of paper as sary.
A. T	he discriminatory conduct of which I complain in this action includes: (check only those that apply)
	Failure to hire me.
	Termination of my employment.
	Failure to promote me.
	Failure to accommodate my disability.
	Unequal terms and conditions of my employment.

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Rev. 05/2010

		Retaliation.			
		Other acts (specify):			
	Note: Only those grounds raised in the charge filed with the Equal Employment Op Commission can be considered by the federal district court under the federal em discrimination statutes.				
B.	It is my best recollection that the alleged discriminatory acts occurred on: 11125108 .				
C.	I believ	ve that defendant(s) (check one):			
		is still committing these acts against me.			
	1	is not still committing these acts against me.			
D.	Defend	lant(s) discriminated against me based on my (check only those that apply and explain):			
		race Indian a color			
		□ gender/sex □ religion			
		national origin			
		age. My date of birth is			
		disability or perceived disability,(specify)			
E.	The fa	cts of my case are as follow (attach additional sheets as necessary):			
	-				
	Note:	As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.			
III.	Exhai	ustion of Federal Administrative Remedies:			
A.	my Eq	y best recollection that I filed a charge with the Equal Employment Opportunity Commission or ual Employment Opportunity counselor regarding defendant's alleged discriminatory conduct (Date).			

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B.	The Equal Employment Opportunity Commission (check one):				
	has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on Double (Date).				
	Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.				
C.	Only litigants alleging age discrimination must answer this Question.				
	Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (check one):				
	60 days or more have elapsed.				
	less than 60 days have elapsed.				
IV.	Relief:				
(Desc	REFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive s, damages, and costs, as follows: 35000 Thyth Cribe relief sought, including amount of damages, if any, and the basis for such relief.) Cribe relief sought, including amount of damages, if any, and the basis for such relief.)				
Sign	Signature of Plaintiff Address Signature of Plaintiff Address S				
	Telephone Number 914-378-1509				
	Fax Number (if you have one)				

10 Fém 5 (5/01)	Charge F	Presented To:	Agency(ie	es) Charge No(s):	
CHARGE OF DISCRIMINATION	·	FEPA			
- 4 4074 See enclosed Mivacy Act		EEOC	520	0-2010-00204	
This form is affected by the Privacy Act of 1974. See Charles Statement and other information before completing this form.				and EEOC	
State or local Agency	, if any		- Codel	Date of Birth	
		Home Phone (Incl. Are	1	11-05-1963	
ime (indicate Mr., Ms., Mrs.) Irs. Preyadarsini Durgaprasad City, State and		(914) 378-1	1		
OO Harty Street, Yonkers, NY 10701 amed is the Employer, Labor Organization, Employment Agency, Apprenticeship Camed is the Employer, Labor Organization, Employment Agency, Apprenticeship Camed Agency Me or Others. (If more than two, list under PARTICULARS be	ommittee, or Sta	ate or Local Governme	ent Agency	That I Believe	
amed is the Employer, Labor Organization, Employment Agency, Apprenticeship Camed is the Employer, Labor Organization, Employment Agency, Apprenticeship Camed is criminated Against Me or Others. (If more than two, list under PARTICULARS be	elow.)	No. Employees, Member	s Phon	e No. (Include Area Co	de)
iscriminated Against the Co		Unknown		212) 822-1000	
MODELL'S SPORTING GOODS City, State and	. TID Ondo				
A A A A	J SIb Code	EQUAL EMPLOYMENT OPP NEW YORK DIS ENFORCEME	ORTUNITY COMMI	ISSION	
2550 Central Park Ave., Yonkers, NY 10710		No. Employed GREEN	UNI E-PHO	ne No. Vinclude Area Co	ode)
lame			5 2009		
City, State ar	d ZIP Code			11	
Street Address		DATER	ECEIV	ED	
		DATE(U)	ISCRIMINAT	Latest	
DISCRIMINATION BASED ON (Check appropriate box(es).)	NATIONAL OR	٠	5-2008	03-06-200)9
RACE COLOR SEX RELIGION X	3	ì			
RETALIATION X AGE DISABILITY OT	HER (Specify belo	^{rw.)} l r-			
			CONTI	INUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):					 a
I, Preyadarsini Durgaprasad (46 years old, Female, Guyang Sales Associate from November 6, 1991 thru March 6, 206 Bookkeeper. Before working under the supervision of Mr. written complaints regarding my job performance. One of the first incidents occurred when the previous generated threatened me saying "I will lay you out". An incident Later on he became the Loss Prevention Manager. On November 25,2008 I was scheduled to closed from 15 Allie Patel (Assistant Manager) saying to Mike Pergsaling the registers to ring".	Mike Pergi eral manage ent report wa	r Chris Soriano vas written but he	eived an	rting Goods as tking as a ny verbal or ent when Allie dressed the iss	ue. ırd
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1. Are there any witnesses	s to the alleged discriminate	ory incidents? If yes, please identify them below and
NAME A. NICOLE HENRY NAME B. BUDG GAFTOR NAME C. OLOUGLO	JOB TITLE Aparel Sals JOB TITLE Casher JOB TITLE Casher MASS	ADDRESS & PHONE NUMBER 760-East 211st Bronx My 90657 ADDRESS & PHONE NUMBER 10467 ADDRESS & PHONE NUMBER 466 South St. Mt. Verron 914-699-1390 ADDRESS & PHONE NUMBER Working for the Company with EEOC or another agency? Yes No
12. Have you filed a charg	ge previously in this matter	with EEOC or another agency? Yes No
12 If you have filed a con	anlaint with another agency	y, provide name of agency and date of filing:
date of contact. Results, Local 1106 Union Re No 100	es, from whom and when? Parties of any? (UNION) (MGYIR) (MGYIR) (1) (1) (1) (2) (3) (3) (4) (5) (6) (6) (7) (8) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1	would like us to do with the information you are providing on this discrimination, you must do so within either 180 or 300 days from to of time you have depends on whether the employer is located in a similar to the EEOC's laws. If you do not file a charge of our rights. If you want to file a charge, you should check efore deciding whether to file a charge or you are worried or r, union, or employment agency about your filing a charge,
you may wish to check Bo)x 2, Delow.	
I understand that the I	EEOC must give the employ mation about the charge, in discrimination based on race.	orize the EEOC to look into the discrimination I described above. yer, union, or employment agency that I accuse of icluding my name. I also understand that the EEOC can only , color, religion, sex, national origin, disability, age, or retaliation
Box 2 I want to talk to an EE checking this box, I have file a charge in time.	EOC employee before deciding ave not filed a charge with the	ng whether to file a charge of discrimination. I understand that by the EEOC. I also understand that I could lose my rights if I do not

Case 7:11-cv-03587-CS Document	2 Filed 05/12/11 F	Page 7 of 9	
Inc Form 5 (5/01)	Charge Presented To:	Agency(ies) Charge	No(s):
CHARGE OF DISCRIVINATION	FEPA	520-2010-0	0204
This form is affected by the Privacy Act of 1974. See endocution Statement and other information before completing this form.	X EEOC	an	EEOC
State or local Agency, if a	any		
On 3/27/09 Mr. Pergsalino slam the office door in front of me at the clock ready to punch out, I heard my name being called "The Indian bitch act like she is fucking white." The following incident, I told him that I would like to him to call Human Recome to the store we would have a long investigation. He proceed the act like a long investigation in the bitch someth of the store we would have a long investigation. He proceed the store we would have a long investigation. He proceed the store we would have a long investigation on the bitch someth of the bookkeeper and work in apparel", I did not younger to do the job. He also said I been around a longtime making too much money. I was terminated on March 6, 2009 by Mr. Rich Walch (Hurimmediately Mr. Pergsalino followed me to the lunch room had nothing on under the red shirt and he stated "I will turn off and put my coat on, I was humiliated. The union represented me in arbitration but the case was denoted to the long of the lo	sources. His response was mises me that this will shing". If at his office. He said not give him and answer and also getting older. The man Resources of allege of a hostile work environments.	to me "I would like. He said he got so Also stated, that I ge "lack of product store shirt. I explain take off the ship ment based on my	n. The te you to omeone was ctivity" ained that I rt". I took it pline". I was y age and Allie Patel
		•	,
			•
		14	7.4
	•	- State and Local Agency	Requirements
the Stote or local Agency, if any.	NOTARY When necessary	for State and Local Agency	•
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate will advise the agencies if I change my address or phone number and I will cooperate with their processing of my charge in accordance with their procedures.	I swear or affirm that I have	and the above charms	and that it is true
fully with them in the processing of my charge in accordance with them	I swear or affirm that I had the best of my knowledge SIGNATURE OF COMPLAIN	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4, 4
I declare under penalty of perjury that the above is true and correct.	SIGNATURE OF COMPLAIN	ani	

SUBSCRIBED AND SWORNED BEFORE ME THIS PLEW YORK (month, day, yer otary Public • State of Press York



U.S. Equal Employment Opportunity Commission New York District Office

33 Whitehall Street 5th Floor New York, NY 10004 (212) 336-3620 TDD: 1-800-669-6820 FAX (212) 336-3625 1-800-669-4000

Respondent: MODELL'S SPORTING GOODS

EEOC Charge No.: 520-2010-00204

FEPA Charge No.:

November 20, 2009

Preyadarsini Durgaprasad 100 Harty Street Yonkers, NY 10701

Dear Mrs. Durgaprasad:

This is to acknowledge receipt of the above-numbered charge of employment discrimination against the above-named respondent. Please use the "EEOC Charge No." listed above whenever you call us about this charge. The information provided indicates that the charge is subject to:

f X 1	Title VII of the	Civil Rights Act of	1964	(Title	VII)	
-------	------------------	---------------------	------	--------	------	--

- [X] The Age Discrimination in Employment Act (ADEA)
- [] The Americans with Disabilities Act (ADA)
- [] The Equal Pay Act (EPA)

You need do nothing further at this time. We will contact you when we need more information or assistance. A copy of the charge or notice of the charge will be sent to the respondent within 10 days of our receipt of the charge as required by our procedures.

[X]

Please be aware that we will send a copy of the charge to the agency listed below as required by our procedures. If the charge is processed by that agency, it may require the charge to be signed before a notary public or an agency official. Then the agency will investigate and resolve the charge under their statute. If this occurs, section 1601.76 of EEOC's regulations entitles you to ask us to perform a Substantial Weight Review of the agency's final finding. To obtain this review, a written request must be made to this office within 15 days of receipt of the agency's final finding in the case. Otherwise, we will generally adopt the agency's finding as EEOC's.

New York State Division Of Human Rights

Federal Contract Unit One Fordham Plaza, 4 Fl. Bronx, NY 10458

While your charge is pending, please notify us of any change in your address, or where you can be reached if you have any prolonged absence from home. Your cooperation in this matter is essential.

Sincerely,

David Phillips ADR Assistant (212) 336-3646

Office Hours: Monday - Friday, 8:30 a.m. - 5:00 p.m.

www.eeoc.gov

Enclosure(s)

Preyadarsini Durgaprasad v. Modell's Sporting Goods EEOC Charge No.: 520-2010-00204

Page 2 of 2

actions were motivated because of your national origin (Guyanese) and disability as you have alleged. Even though you may disagree with this determination, it is very unlikely that the Commission would find a violation if it invested additional resources.

Therefore, the EEOC is closing its investigation of this Charge and no further action will be taken by the Commission regarding this matter. Your Determination/Notice of Right to Sue is enclosed. This Determination is final. If you wish to pursue this matter, you must file a lawsuit on your own in Federal District Court using the enclosed Notice of Right to Sue within 90 days of your receipt of it. Once this 90 day period is over, unless you have filed a lawsuit, you will have lost your right to sue. Please contact Federal Investigator Jose Vega at (212) 336-3682 if you have any questions.

Sincerely,

Elizabeth Grossman

Acting District Director

for

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